Case 19-14147-amc Doc 25 Filed 09/16/19 Entered 09/16/19 14:32:09 Desc Main

| | | Document | Page 2 | 1 of 7 | _ | | |
|---|--|--|---|---|---|--|--|
| Fill in this in | formation to identify your | case: | | | 1 | | |
| Debtor 1 | Emma V Glova | | | | 7 | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | E. A.V. | AF-LW AI | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States | s Bankruptcy Court for the: | EASTERN DISTRICT OF PENN | ISYLVANIA | | | | |
| Case numbe | r 19-14147 | | | | | | |
| (if known) | 13 14147 | | | | ■ Check if this is an | | |
| | | | | | amended filing | | |
| | | | | | - | | |
| | orm 106E/F | | | | _ | | |
| Schedul | e E/F: Creditors W | ho Have Unsecured (| Claims | | 12/15 | | |
| Schedule G: E. Schedule D: C. eft. Attach the name and case | xecutory Contracts and Unexp reditors Who Have Claims Sec Continuation Page to this page e number (if known). | ired Leases (Official Form 106G). Do ured by Property. If more space is note. Je. If you have no information to repo | not include a eeded, copy t | any creditors with partially he Part you need, fill it out | Property (Official Form 106A/B) and on secured claims that are listed in t, number the entries in the boxes on the top of any additional pages, write your | | |
| | st All of Your PRIORITY Ur | | | | | | |
| _ ` | editors have priority unsecure | d claims against you? | | | | | |
| | to Part 2. | | | | | | |
| ☐ Yes. | | | | | | | |
| Part 2: | st All of Your NONPRIORIT | Y Unsecured Claims | | | | | |
| | editors have nonpriority unsec | | | | | | |
| _ ` | | art. Submit this form to the court with y | our other sche | dules | | | |
| | od flave flotfilling to report in this p | art. Submit this form to the court with y | oui otilei solle | aules. | | | |
| Yes. | | | | | | | |
| unsecured | claim, list the creditor separatel | | identify what ty | ype of claim it is. Do not list of | ditor has more than one nonpriority claims already included in Part 1. If more claims fill out the Continuation Page of | | |
| | | | | | Total claim | | |
| 4.1 AAF | ES | Last 4 digits of acco | unt number | 2905 | \$4,679.00 | | |
| • | riority Creditor's Name | | | 0 | Antino | | |
| | ention: Bankruptcy Box 650060 | When was the debt i | ncurred? | Opened 02/13 Last 11/18 | Active | | |
| | as, TX 75265 | mon was me asse. | | 11/10 | | | |
| | per Street City State Zip Code | | As of the date you file, the claim is: Check all that apply | | | | |
| | incurred the debt? Check one. | | | | | | |
| ■ D | ebtor 1 only | ☐ Contingent | | | | | |
| □ D | ebtor 2 only | ☐ Unliquidated | | | | | |
| □ D | ebtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At | t least one of the debtors and and | | TY unsecured | l claim: | | | |
| | heck if this claim is for a com | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| debt Is the | e claim subject to offset? | ☐ Obligations arising report as priority claim | | | | | |
| ■ N | • | | | g plans, and other similar de | ebts | | |
| — N | | | Charge Acc | • | | | |
| ЦY | es | Other. Specify | marge ACC | Juill | | | |

| American Heritage Federal Credit Union | Last 4 digits of account number | 0900 | \$3, | |
|---|--|----------------------------------|-------------------|--|
| Nonpriority Creditor's Name Attn: Bankruptcy 2060 Red Lion Road Philadelphia, PA 19115 | When was the debt incurred? | Opened 03/14 Last Active 1/30/19 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | □ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not | | | |
| ■ No | | | | |
| Yes | | | | |
| Amex | Last 4 digits of account number | 6263 | \$1,2 | |
| Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998 | When was the debt incurred? | Opened 05/17 Last Active 8/30/18 | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | |
| ☐ Check if this claim is for a community | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card | | | |
| ■ No | | | | |
| Yes | | | | |
| Bank Of America | Last 4 digits of account number | 1258 | \$4, [,] | |
| Nonpriority Creditor's Name | | | | |
| 4909 Savarese Circle | When was the debt incomed? | Opened 09/16 Last Active | | |
| EI4 000 04 E0 | When was the debt incurred? | 08/18 | | |
| | | | | |
| Tampa, FL 33634 | As of the date you file, the claim | is: Check all that apply | | |
| FI1-908-01-50 Tampa, FL 33634 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |

Debtor 2 only

Debtor 1 and Debtor 2 only

lacksquare At least one of the debtors and another $\hfill\Box$ Check if this claim is for a community

debt

Is the claim subject to offset? ■ No

☐ Yes

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit Card

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Debtor 1 Emma V Glova Case number (if known) 19-14147 4.5 ComenityCapital/Boscov Last 4 digits of account number 4725 \$3,442.00 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 06/17 Last Active When was the debt incurred? Po Box 182125 10/18 Columbus, OH 43218 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account T Yes **Deptartment Store National** . Bank/Macy's 2720 Unknown 4.6 Last 4 digits of account number Nonpriority Creditor's Name Opened 3/13/07 Last Active Attn: Bankruptcy 9111 Duke Boulevard When was the debt incurred? 12/18/13 Mason, OH 45040 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.7 **Einstein Healthcare Network** Last 4 digits of account number \$448.00 4547 Nonpriority Creditor's Name When was the debt incurred? 101 E Olney Avenue Suite 301 Philadelphia, PA 19120 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify medical bill

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| Emma v Glova | | Case number (if known) 19-14147 | |
|--|---|--|-------------|
| Grimley Financial Corporation Nonpriority Creditor's Name | Last 4 digits of account number | 5771 | \$209.00 |
| 30 Washington Ave, Suite C-6 Haddonfield, NJ 08033-3341 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | ■ Other. Specify medical bil | <u> </u> | |
| LendingClub | Last 4 digits of account number | 9219 | \$12,878.00 |
| Nonpriority Creditor's Name | Obligations arising out of a separation agreement or divolved report as priority claims Debts to pension or profit-sharing plans, and other similar medical bill Last 4 digits of account number 9219 Copened 03/16 Last 4 digits of account number 9219 Copened 03/16 Last 4 digits of account number 9219 Copened 03/16 Last 4 digits of account number 9219 Copened 03/16 Last 4 digits of account number 9219 Copened 03/16 Last 4 digits of account number 9219 Copened 03/16 Last 4 digits of account number 9219 Copened 03/16 Last 4 digits of account number 9219 Copened 03/16 Last 4 digits of account number 9219 Copened 03/16 Last 4 digits of account number 9219 Copened 03/16 Last 4 digits of account number 9219 Copened 03/16 Last 4 digits of account number 9219 Copened 03/16 Last 4 digits of account number 9219 Copened 03/16 Last 97/18 It city State Zip Code 4 As of the date you file, the claim is: Check all that apply 97/18 It city State Zip Code 4 As of the date you file, the claim is: Check all that apply 97/18 It city State Zip Code 4 As of the date you file, the claim is: Check all that apply 97/18 It city State Zip Code 4 As of the date you file, the claim is: Check all that apply 97/18 Contingent 97/18 | On an ad 00/40 L and Anti- | |
| Attn: Bankruptcy 71 Stevenson St, Ste 1000 San Francisco, CA 94105 | When was the debt incurred? | • | |
| Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | ■ Other. Specify Unsecured | | |
| Navy FCU | Last 4 digits of account number | 5837 | \$18,755.00 |
| Nonpriority Creditor's Name | _ | | · |
| Attn: Bankruptcy | When we the debt incomed? | Opened 02/13 Last Active | |
| Po Box 3000 Merrifield, VA 22119 | When was the debt incurred? | 2/05/19 | |
| Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debte | |
| ■ No | · | | |
| ☐ Yes | Other Specify Credit Card | 1 | |

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| Debt | or 1 Emma v Glova | | Case number (if known) 19-1414/ | |
|----------|---|--|--|------------|
| 4.1 1 | OneMain Financial | Last 4 digits of account number | 5981 | \$9,241.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 601 Nw 2nd Street Evansville, IN 47708 | When was the debt incurred? | Opened 12/17 Last Active 10/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |
| 4.1 | PNC Bank | Last 4 digits of account number | | \$105.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | | |
| | P.O. Box 747032 Pittsburgh, PA 15274-7032 | when was the dept incurred? | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | i claim: | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | ration agreement of divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |
| 4.1 | Ryan Cohen, Esq. | Last 4 digits of account number | 0524 | \$0.00 |
| <u> </u> | Nonpriority Creditor's Name 1818 MARKET STREET | When was the debt incurred? | | <u> </u> |
| | SUITE 3200 Philadelphia, PA 19103 Number Street City State Zip Code | As of the date you file, the claim | | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | ☐ Yes | | ooses Only. Listed Party is Attorney in settled Law suit. | |

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| Debtor | 1 Emma V | Glova | | Case no | umber (if knov | vn) <u>19-1</u> | 4147 | |
|--------------------|---|--|---|---------------|------------------|------------------|-----------------|---------------------|
| 4.1 4 | | Bank/Walmart | Last 4 digits of account number | 1680 | l | | | \$1,171.00 |
| | Nonpriority Cred Attn: Bank Po Box 965 Orlando, FL | ruptcy 060 | When was the debt incurred? | Oper 07/18 | | Last Active | | |
| | Number Street | City State Zip Code the debt? Check one. | As of the date you file, the claim | is: Check | k all that apply | , | | |
| | ■ Debtor 1 onl | | ☐ Contingent | | | | | |
| | Debtor 2 onl | • | ☐ Unliquidated | | | | | |
| | Debtor 1 and | • | ☐ Disputed | | | | | |
| | _ | of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | |
| | _ | | | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | | | <u></u> | na nlane | and other sim | ilar dehts | | |
| | ■ No □ Yes | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Charge Account | | | | | |
| | | | — Other. Opecity | | | | | |
| 4.1 5 | The Exchar | _ | Last 4 digits of account number | 8244 | | | | \$2,555.18 |
| | Nonpriority Creditor's Name P.O. Box 740890 Cincinnati, OH 45274-0890 Number Street City State Zip Code Who incurred the debt? Check one. | | When was the debt incurred? | | | | | |
| | | | As of the date you file, the claim is: Check all that apply | | | | | |
| | Debtor 1 only | | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | | Disputed | | | | | |
| | \square At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | | Student loans | | | | | |
| | debt Is the claim subject to offset? | | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | No | | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | ☐ Yes | | ■ Other. Specify Credit card debt | | | | | |
| Part 3: | List Others | s to Be Notified About a Debt | That You Already Listed | | | | | |
| is tryii have r | is page only if y ng to collect fro nore than one c ed for any debts | you have others to be notified about you for a debt you owe to som | out your bankruptcy, for a debt that yeone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page. | n Parts 1 | or 2, then lis | t the collection | n agency here. | . Similarly, if you |
| 6. Total t | | certain types of unsecured claim | s. This information is for statistical r | eporting | purposes or | nly. 28 U.S.C. § | §159. Add the a | mounts for each |
| | | | | | | Total Claim | | |
| Total | 6a. | Domestic support obligations | | 6a. | \$ | | 0.00 | |
| claims from Pa | rt 1 6b. | Taxes and certain other debts y | ou owe the government | 6b. | \$ | | 0.00 | |
| | 6c. | Claims for death or personal in | - | 6c. | \$ | | 0.00 | |
| | 6d. | Other. Add all other priority unsec | cured claims. Write that amount here. | 6d. | \$ | | 0.00 | |
| | 6e. | Total Priority. Add lines 6a throu | gh 6d. | 6e. | \$ | | 0.00 | |
| | | | | | | Total Claim | | |
| Total | 6f. | Student loans | | 6f. | \$ | | 0.00 | |

Official Form 106 E/F

from Part 2

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

0.00

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